

4154

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 365

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Schmid's Rest Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 8 Months; In Community 1 year; In Arizona 1 year
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. South 15th Street; (e) Citizen of foreign country (Yes or No) _____
3. (a) FULL NAME Robert A. Casey (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Race White ☐ Indian ☐ Negro ☐ ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive, yrs. _____

7. Birthdate of deceased 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months _____ Days _____ If less than one day hrs. _____ min. _____

9. Birthplace Texas
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business none

12. Name Robert Casey

13. Birthplace Ireland
(City, town or county) (State or Country)

14. Maiden Name Ellen Schelmer

15. Birthplace Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Mary Schmid

(b) Address Phoenix, Arizona

17. (a) Burial, Cremation or Removal Removal

(b) Place Roswell, New Mex. (c) Date 2, 1, 1946

18. (a) Embalmer's Signature Addie K. Rogers

(b) Funeral Director Vernon W. Evans

(c) Address Merryman Funeral Home

19. (a) FEB 2 1946
(Date received Local Registrar)

(b) Robert J. Hughes M.D.
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 30, 1946
TIME (Hour and minute) 12:30 P. M.

21. I hereby certify that I attended the deceased from Jan 27 46
to Jan 29 1946

that I last saw him alive on Jan 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ischemic
Heart Disease

Due to Carcinoma of Stomach

Other conditions Senility
(Include pregnancy within three months of death)

Major findings: no
Of operations no

Of autopsy no

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature Chas. M. Baker M. D.

Address 15th Ave Date signed 1/31/46